

PATENT RESPONSE UNDER 37 CFR 1.116 EXPEDITED PROCEDURE EXAMINAG GROUP 3034

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 24 12003.

Elizabezh Jue

Appl No. Applicant

: 09/647,899

: Werner Taubmann, et al.

Filed

: October 6, 2000

Title

: SPINDLE OR WORM DRIVE FOR ADJUSTING DEVICES IN MOTOR

VEHICLES

TC/A.U.

: 3634

Examiner

: Gregory Strimbu

Docket No.

: 40551/DBP/M521

Customer No.

: 23363

AMENDMENT AFTER FINAL ACTION

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068 Pasadena, CA 91109-7068

Confirmation No. 6061

Commissioner:

In response to the Office action of March, 26, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the list of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICI AMENDMENT TRANSMITTAL LETTER

CHOUS BATELLES I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 28, 2003.

Applicant

: Werner Taubmann, et al.

Application No.

: 09/647,899

Filed

: October 6, 2000

Title

: SPINDLE OR WORM DRIVE FOR ADJUSTING DEVICES IN MOTOR

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Grp./Div.

: 3634

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Commissioner for Patents

P.O. Box 1450

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PostOffice Box 7068 Pasadena, CA 91109-7068

July 28, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	42	*42+10	0	x \$9.00	x \$18.00	
Independent Claims	2	** 3	0	x \$42.00	x \$84.00	
Multiple Dependent Claims ***				\$140.00	\$280.00	
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0

LIST INDEPENDENT CLAIMS: 1 and 27

- * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE 20 IN COLUMN 3
 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE 3 IN COLUMN 3
- *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME
- *** IF NO FEE REQUIRED; ADDRESS ENVELOPE TO "BOX NON FEE AMENDMENTS"

Attached is our check for \$ to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

Amendment Transmittal Letter Application No. 09/647,899

X Other enclosures: Return Postcard

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Rv

Rose A. Hickman Reg. No. P-54,167 626/795-9900

RAH/eaj

EAJ PAS517631.1-*-07/28/03 10:19 AM